

# ***Mental Health and Psychology Dictionary***

*Entries written by [Sam Vaknin](#) for the [X-Term Medical Dictionary](#)*

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## **A**

### ***Acting Out***

Defense mechanism. When an inner conflict (most often, frustration) translates into aggression. It involves acting with little or no insight or reflection and in order to attract attention and disrupt other people's cozy lives.

### ***Affect***

Affect is how we express our innermost feelings and how other people observe and interpret our expressions. Affect is characterized by the type of emotion involved (sadness, happiness, anger, etc.) and by the intensity of its expression. Some people have flat affect: they maintain "poker faces", monotonous, immobile, apparently unmoved. This is typical of the Schizoid Personality Disorder Others have blunted, constricted, or broad (healthy) affect. Patients with the dramatic (Cluster B) personality disorders - especially the Histrionic and the Borderline - have exaggerate and labile (changeable) affect. They are "drama queens".

In certain mental health disorders, the affect is inappropriate. For instance: such people laugh

when they recount a sad or horrifying event or when they find themselves in morbid settings (e.g., in a funeral).

### ***Ambivalence***

Possessing equipotent - but opposing and conflicting - emotions or ideas. In someone with a permanent state of inner turmoil: her emotions come in mutually exclusive pairs, her thoughts and conclusions arrayed in contradictory dyads. The result is extreme indecision, to the point of utter paralysis and inaction. Sufferers of Obsessive-Compulsive Disorders and the Obsessive-Compulsive Personality Disorder are highly ambivalent.

### ***Amnesia, Anterograde***

Loss of memory pertaining to events that occurred after the onset of the amnetic condition or agent.

### ***Amnesia, Retrograde***

Loss of memory pertaining to events that occurred before the onset of the amnetic condition or agent.

### ***Amok***

Male-specific [culture-bound syndrome](#): an alternating pattern of dissociation, brooding, and violence directed at objects and people. Provoked by real or imagined criticism or slight and accompanied by persecutory ideation, amnesia, automatism, and extreme fatigue. Sometimes co-occurs with a psychotic episode. Common in Malaysia (where it was discovered), Laos, Philippines, Polynesia (where it is called *cafard* or *cathard*), Papua New Guinea, Puerto Rico (*mal de pelea*), and among the Navajo Native-Americans (*iich'aa*).

### ***Anhedonia***

The loss of the urge to seek pleasure and to prefer it to nothingness or even to pain. Depression inevitably involves anhedonia. The depressed are unable to conjure sufficient mental energy to get off the couch and do something because they find everything equally boring and unattractive.

### ***Anorexia***

Diminished appetite to the point of refraining from eating. Whether it is part of a depressive illness or a body dysmorphic disorder (erroneous perception of one's body as too fat) is still debated. Anorexia is one of a family of eating disorders which also includes bulimia (compulsive gorging on food and then its forced purging, usually by vomiting).

### ***Antisocial Personality Disorder (Psychopath)***

APD or AsPD; Formerly called "psychopathy" or, more colloquially, "sociopathy". Some scholars, such as Robert Hare, still distinguish psychopathy from mere antisocial behavior. The disorder appears in early adolescence but criminal behavior and substance abuse often abate with age, usually by the fourth or fifth decade of life. It may have a genetic

or hereditary determinant and afflicts mainly men. The diagnosis is controversial and regarded by some scholar as scientifically unfounded.

Psychopaths regard other people as objects to be manipulated and instruments of gratification and utility. They have no discernible conscience, are devoid of empathy and find it difficult to perceive other people's nonverbal cues, needs, emotions, and preferences. Consequently, the psychopath rejects other people's rights and his commensurate obligations. He is impulsive, reckless, irresponsible and unable to postpone gratification. He often rationalizes his behavior showing an utter absence of remorse for hurting or defrauding others.

Their (primitive) defence mechanisms include splitting (they view the world - and people in it - as "all good" or "all evil"), projection (attribute their own shortcomings unto others) and projective identification (force others to behave the way they expect them to).

The psychopath fails to comply with social norms. Hence the criminal acts, the deceitfulness and identity theft, the use of aliases, the constant lying, and the conning of even his nearest and dearest for gain or pleasure. Psychopaths are unreliable and do not honor their undertakings, obligations, contracts, and responsibilities. They rarely hold a job for long or repay their debts. They are vindictive, remorseless, ruthless, driven, dangerous, aggressive, violent, irritable, and, sometimes, prone to magical thinking. They seldom plan for the long and medium terms, believing themselves to be immune to the consequences of their own actions.

### Anxiety

A kind of unpleasant (dysphoric), mild fear, with no apparent external reason. Apprehension or dread in anticipation of a future menace or an imminent but diffuse and unspecified danger, usually imagined or exaggerated. The mental state of anxiety (and the concomitant hypervigilance) has physiological complements. It is accompanied by short-term dysphoria and physical symptoms of stress and tension, such as sweating, palpitations, tachycardia, hyperventilation, angina, tensed muscle tone, and elevated blood pressure (arousal).

**APD, AsPD** - Antisocial Personality Disorder

### ***Aphonia***

Inability to produce speech (or sounds) through the larynx due to psychological, nonorganic, reasons.

### Autism

More precisely: autistic thinking and inter-relating (relating to other people). Fantasy-infused thoughts. The patient's cognitions derive from an overarching and all-pervasive fantasy life. Moreover, the patient infuses people and events around him or her with fantastic and completely subjective meanings. The patient regards the external world as an extension or projection of the internal one. He, thus, often withdraws completely and retreats into his inner, private realm, unavailable to communicate and interact with others.

### ***Automatic obeisance or obedience***

Automatic, unquestioning, and immediate obeisance of all commands, even the most manifestly absurd and dangerous ones. This suspension of critical judgment is sometimes an indication of incipient catatonia.

### ***Avoidant Personality Disorder***

Social shyness and anxiety coupled with feelings of inadequacy, deformity, and dysfunction and with hypersensitivity to criticism, real or imagined. Sufferers of the disorder avoid interpersonal contact because they dread rejection, embarrassment, disagreement, and disapproval. They strive to ascertain that their counterparty likes them and approves of their conduct, or their choices, before they actually meet him (or her). They prefer solitary occupations and are very restrained and "cold" in intimate relationships. They limit their world, escape challenges and risks and stunt their personal growth and development by avoiding the new (e.g., unfamiliar people, novel activities, or pursuits).

They are mortified by shame and the possibility of being mocked, criticized, rejected, or ridiculed in public. They are prone to having ideas of reference (see entry). They are perceived by others as reserved, timid, and inhibited because they regard themselves as socially inept, repellant, unattractive, inferior, inadequate, dysfunctional, defective, or deformed. Some Avoidants develop Body Dysmorphic Disorders.

### ***Avolition***

Inability to initiate goals and goal-directed activities - or pursue them once initiated. Overpowering and pervasive lack of "will", perseverance, and stamina in various fields of life (work, self-care, intellectual tasks and interests, family life, etc.)

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## **B**

### ***Blocking***

Halted, frequently interrupted speech to the point of incoherence indicates a parallel disruption of thought processes. The patient appears to try hard to remember what it was that he or she were saying or thinking (as if they "lost the thread" of conversation).

### ***Borderline Personality Disorder***

BPD; Often diagnosed among women, it is a controversial mental health diagnosis. Borderlines are characterized by stormy, short-lived, and unstable relationships - matched by wildly fluctuating (labile) self-image and emotional expression (affect). They are impulsive and reckless - their sexual conduct is frequently unsafe, they binge eat, gamble, drive, and shop carelessly, and are substance abusers. They also display self-destructive and self-defeating behaviors, such as suicidal ideation, suicide attempts, gestures, or threats, and self-mutilation or self-injury.

The specter of abandonment provokes anxiety in the Borderline. They make frantic - and,

usually, counterproductive - efforts to preempt or prevent it Clinging, codependent acts are followed by idealization and then by an abrupt devaluation of the Borderline's partner.

Borderlines have pronounced mood swings, shifting between dysphoria (sadness or depression) and euphoria, manic self-confidence and paralyzing anxiety, irritability and indifference. They are often angry and violent, usually getting into physical fights, throw temper tantrums, and have frightening rage attacks.

Under stress, some Borderlines become briefly psychotic (psychotic micro-episodes), or develop transient paranoid ideation and ideas of reference (the erroneous conviction that one is the focus of derision and malicious gossip). Dissociative symptoms are not uncommon ("losing" stretches of time, or objects, and forgetting events or facts with emotional content).

### ***Borderline Personality Organization Scale (BPO)***

Diagnostic test designed in 1985. It sorts the responses of respondents into 30 relevant scales. It indicates the existence of identity diffusion, primitive defenses, and deficient reality testing.

**BPD** - Borderline Personality Disorder

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## **C**

### ***Catalepsy***

The rigid maintenance of a position of the entire body or of an organ over extended periods of time ("waxy flexibility"). "Human sculptures" are patients who freeze in any posture and position that they are placed, no matter how painful and unusual. Typical of catatonics. See: ***Cerea Flexibilitas***

### ***Catatonia***

A syndrome comprised of various signs, amongst which are: catalepsy, mutism, stereotypy, negativism, stupor, automatic obedience, echolalia, and echopraxia. Until recently it was thought to be related to schizophrenia, but this view has been discredited when the biochemical basis for schizophrenia had been discovered. The current thinking is that catatonia is an exaggerated form of mania (in other words: an affective disorder). It is a feature of catatonic schizophrenia, though, and also appears in certain psychotic states and mental disorders that have organic (medical) roots.

### ***Catatonic Behavior***

Severe motoric abnormalities, including stupor or catalepsy (motoric immobility), or, at the other end of the spectrum, agitated (excessive), purposeless, repeated motoric activity, not in response to external stimuli or triggers.

Also (apparently motiveless) resistance or indifference to attempts to being moved or to being communicated with (extreme negativism).

Catatonic behavior often comprises mutism, posturing (stereotyped motion), echolalia, and echopraxia.

### ***CCMD***

Chinese Classification of Mental Disorders. The Chinese equivalent of the DSM. Currently in its second edition (CCMD-2). Recognizes [culture-bound syndromes](#) (e.g., Koro) as diagnosable and treatable mental health disorders.

### ***Cerea Flexibilitas***

Literally: wax-like flexibility. In the common form of catalepsy, the patient offers no resistance to the re-arrangement of his limbs or to the re-alignment of her posture. In Cerea Flexibilitas, there is some resistance, though it is very mild, much like the resistance a sculpture made of soft wax would offer.

### ***Circumstantiality***

When the train of thought and speech is often derailed by unrelated digressions, based on chaotic associations. The patient finally succeeds to express his or her main idea but only after much effort and wandering. In extreme cases considered to be a communication disorder.

### ***Clang Associations***

Rhyming or punning associations of words with no logical connection or any discernible relationship between them. Typical of manic episodes, psychotic states, and schizophrenia.

### ***Clouding***

(Also: ***Clouding of Consciousness***)

The patient is wide awake but his or her awareness of the environment is partial, distorted, or impaired. Clouding also occurs when one gradually loses consciousness (for instance, as a result of intense pain or lack of oxygen).

### ***Cognitive Dissonance***

The devaluation of things and people very much desired but frustratingly out of one's reach and control.

### ***Compulsion***

Involuntary repetition of a stereotyped and ritualistic action or movement, usually in connection with a wish or a fear. The patient is aware of the irrationality of the compulsive act (in other words: she knows that there is no real connection between her fears and wishes and what she is repeatedly compelled to do). Most compulsive patients find their compulsions tedious, bothersome, distressing, and unpleasant - but resisting the urge results in mounting anxiety from which only the compulsive act provides much needed relief. Compulsions are

common in obsessive-compulsive disorders, the Obsessive-Compulsive Personality Disorder (OCPD), and in certain types of schizophrenia.

### ***Concrete Thinking***

Inability or diminished capacity to form abstractions or to think using abstract categories. The patient is unable to consider and formulate hypotheses or to grasp and apply metaphors. Only one layer of meaning is attributed to each word or phrase and figures of speech are taken literally. Consequently, nuances are not detected or appreciated. A common feature of schizophrenia, autism spectrum disorders, and certain organic disorders.

### **Confabulation**

The constant and unnecessary fabrication of information or events to fill in gaps in the patient's memory, biography or knowledge, or to substitute for unacceptable reality. Common in the Cluster B personality disorders (narcissistic, histrionic, borderline, and antisocial) and in organic memory impairment or the amnesic syndrome (amnesia).

### ***Conflict Tactics Scale (CTS)***

Diagnostic test invented in 1979. It is a standardized scale of the frequency and intensity of conflict resolution tactics – especially abusive stratagems – used by members of a dyad (couple).

### ***Confusion***

Complete (though often momentary) loss of orientation in relation to one's location, time, and to other people. Usually the result of impaired memory (often occurs in dementia) or attention deficit (for instance, in delirium). Also see: Disorientation.

### ***Culture-bound Syndrome***

Recurrent dysfunctional behavior linked to troubling experiences regarded, in a specific locale by its native denizens, or in a specific culture, as aberrant or sick.

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## **D**

### ***Defense Mechanism***

A psychological process that protects or isolates a person from the effects of anxiety, internal and external stressors, and perceived or real dangers, usually by reducing, altering, or blocking his or her awareness of them. Defense mechanisms mediate the individual's reactions to emotional and physical hurt, inner conflicts, and stressors of all kinds. Most defense mechanisms are adaptive when first formed but later become maladaptive (e.g., splitting, acting out, projective identification, projection, intellectualization). Others - such as suppression or denial - can be adaptive in certain circumstances and if they are flexibly applied, are not severe, and are safely reversible. Defense mechanisms are measured and evaluated using the Defensive Functioning Scale.

## ***Delirium***

Delirium is a syndrome which involves clouding, confusion, restlessness, psychomotor disorders (retardation or, on the opposite pole, agitation), and mood and affective disturbances (lability). Delirium is not a constant state. It waxes and wanes and its onset is sudden, usually the result of some organic affliction of the brain.

## **Delusion**

A belief, idea, or conviction firmly held despite abundant information to the contrary. The partial or complete loss of reality test is the first indication of a psychotic state or episode. Beliefs, ideas, or convictions shared by other people, members of the same collective, are not, strictly speaking, delusions, although they may be hallmarks of shared psychosis. There are many types of delusions:

### ***1. Paranoid***

The belief that one is being controlled or persecuted by stealth powers and conspiracies.

### ***2. Grandiose-magical***

The conviction that one is important, omnipotent, possessed of occult powers, or a historic figure.

### ***3. Referential (ideas of reference)***

The belief that external, objective events carry hidden or coded messages or that one is the subject of discussion, derision, or opprobrium, even by total strangers.

## **Delusions of Reference**

The counterfactual conviction that unrelated events and people are somehow specifically meaningful to the person and intentionally effected. A patient with delusions of reference is convinced that he is the topic of malicious gossip, the victim of pranks, or the recipient of messages (for instance, through the media). See also: idea of reference, persecutory delusion.

## ***Dementia***

Simultaneous impairment of various mental faculties, especially the intellect, memory, judgment, abstract thinking, and impulse control due to brain damage, usually as an outcome of organic illness. Dementia ultimately leads to the transformation of the patient's whole personality. Dementia does not involve clouding and can have acute or slow (insidious) onset. Some dementia states are reversible.

## **Denial**

Defense mechanism. Ignoring unpleasant facts, filtering out data and content that contravene one's self-image, prejudices, and preconceived notions of others and of the world.

## **Dependent Personality Disorder**



DPD; A compulsive, pervasive, and excessive craving to be attended to and taken care of that leads to clinging, stifling, and humiliating or submissive behaviors. Codependents are paralyzed by their anxiety of being abandoned.

They are indecisive and demand constant and repeated reassurances and advice from a myriad sources, thereby "transferring" responsibility for their decisions to others. Codependents rarely initiate, though they often harbor repressed ambition, energy, and imagination. They lack self-confidence and distrust their own abilities and judgment.

This reliance on others leads to self-negating behavior. The codependent never disagrees with meaningful others or criticizes them, lest s/he loses the support and emotional nurturance they do or could provide. The codependent molds himself/herself and bends over backward to cater to the needs of his nearest and dearest and satisfy their every whim, wish, expectation, and demand. Nothing is too unpleasant or unacceptable if it serves to secure the uninterrupted presence of the codependent's family and friends and the emotional sustenance s/he can extract (or extort) from them.

The codependent feels helpless, threatened, ill-at-ease, child-like, and not fully-alive when alone. This acute discomfort drives the codependent to hop from one relationship to another. The sources of nurturance are interchangeable. To the codependent, being with someone, with anyone, no matter whom - is always preferable to being alone.

### ***Depersonalization***

Feeling that one's body has changed shape or that specific organs have become elastic and are not under one's control. Usually coupled with "out of body" experiences. Common in a variety of mental health and physiological disorders: depression, anxiety, epilepsy, schizophrenia, and hypnagogic states. Often observed in adolescents. See: [Derealization](#).

### ***Derailment***

A loosening of associations. A pattern of speech in which unrelated or loosely-related ideas are expressed hurriedly and forcefully, with frequent topical shifts and with no apparent internal logic or reason. See: [incoherence](#).

### ***[Derealization](#)***

Feeling that one's immediate environment is unreal, dream-like, or somehow altered. See: [Depersonalization](#).

### ***Dereistic Thinking***

Inability to incorporate reality-based facts and logical inference into one's thinking. Fantasy-based thoughts.

### ***Devaluation***

Defense mechanism. Attributing negative or inferior traits or qualifiers to self or others. This is done in order to punish the person devalued and to mitigate his or her impact on and

importance to the devaluer. When the self is devalued, it is a self-defeating and self-destructive act.

### ***Dhat***

[Culture-bound syndrome](#) in India which includes incapacitating anxiety attacks, hypochondriasis associated with self-reported painful ejaculation of sperm, discharge of foggy white urine, and overwhelming fatigue. Also see: Jiryan, Sukra Prameha, and Shen-k'uei.

### ***Disorientation***

A state of confusion about the date, place, time of day, or one's personal identity. One of the signs of [delirium](#).

### ***Displacement***

Defense mechanism. Confronting someone weaker or irrelevant and, thus, less menacing when one cannot confront the real sources of one's frustration, pain, and envy.

### ***Dissociation***

Sudden or gradual perturbation in the continuous operation of high-level integrated functions, such as consciousness, memory, perception, and identity. Most dissociative disorders are transient, but some - such as the Dissociative Identity Disorder (q.v.) are chronic. Also see: Dissociative Amnesia, Dissociative Fugue, Dissociative Identity Disorder, Dissociative Trance Disorder.

### ***[DSM](#) - Diagnostic and Statistical Manual***

Diagnostic and Statistical Manual, currently at its fourth edition (text revision, also shortened as DSM-IV-TR). First published by the American Psychiatric Association in 1952, based on the sixth edition of the World Health Organization's ICD. Contains a classification of all mental health disorders, organized into 17 diagnostic classes and based on literature reviews, data analyses, and field trials. Compiled by more than 1000 mental health professionals, working in committees. A fifth edition is expected in 2010.

### ***Dyssomnia***

Primary disorder of the amount, quality, or timing of sleep and wakefulness. Insomnias and hypersomnias are dyssomnias.

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## **E**

### ***Echolalia***

Imitation by way of exactly repeating another person's speech. Involuntary, semiautomatic, uncontrollable, and repeated imitation of the speech of others. Observed in organic mental disorders, pervasive developmental disorders, psychosis, and catatonia. See: [Echopraxia](#).

### ***Echopraxia***

Involuntary, semiautomatic, uncontrollable, and repeated imitation of the movements of others. Observed in organic mental disorders, pervasive developmental disorders, psychosis, and catatonia. See: [Echolalia](#).

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## **F**

### **[Fantasy](#)**

Defense mechanism. Seeking gratification - the satisfaction of drives or desires - by constructing imaginary worlds that, gradually, are preferred to reality.

### ***Flashback***

A vivid recurrence of past experiences, memories, or emotions, often triggered by specific events, words, or sensory cues. Common in Post Traumatic Stress Disorder (PTSD).

### ***Flight of Ideas***

Rapidly verbalized train of unrelated thoughts or of thoughts related only via relatively-coherent associations. Still, in its extreme forms, flight of ideas involves cognitive incoherence and disorganization. Appears as a sign of mania, certain organic mental health disorders, schizophrenia, and psychotic states. Also see: Pressure of Speech and Loosening of Associations.

### ***Folie a Deux (Madness in Twosome, Shared Psychosis)***

The sharing of delusional (often persecutory) ideas and beliefs by two or more (folie a plusieurs) persons who cohabitate or form a social unit (e.g., a family, a cult, or an organization). One of the members in each of these groups is dominant and is the source of the delusional content and the instigator of the idiosyncratic behaviors that accompany the delusions.

***Formication*** - See [Hallucination](#)

### ***Fugue***

Vanishing act. A sudden flight or wandering away and disappearance from home or work, followed by the assumption of a new identity and the commencement of a new life in a new place. The previous life is completely erased from memory (amnesia). When the fugue is over, it is also forgotten as is the new life adopted by the patient.

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## G

### ***Gender Dysphoria***

The aversion to and rejection of one's gender identity and biological sex, their physical attributes and the social roles attendant to them. Often leads to attempts to change one's sex through hormone therapy and surgery.

### ***Gender Identity***

The inner conviction that one is either a male or a female.

### ***Gender Role***

Masculine or feminine behavior patterns, attitudes, preferences, and personality traits within a given culture.

### **Grandiosity**

Delusional or non-delusional inflated evaluation of one's knowledge, power, worth, importance, identity, accomplishments, rights, assets, or prospects. Typical of certain personality disorders, such as the Narcissistic.

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## H

### ***Hallucination***

False perceptions based on false sensa (sensory input) not triggered by any external event or entity. The patient is usually not psychotic - he is aware that he what he sees, smells, feels, or hears is not there. Still, some psychotic states are accompanied by hallucinations (e.g., formication - the feeling that bugs are crawling over or under one's skin).

There are a few classes of hallucinations:

**Auditory** - The false perception of voices and sounds (such as buzzing, humming, radio transmissions, whispering, motor noises, and so on).

**Gustatory** - The false perception of tastes

**Olfactory** - The false perception of smells and scents (e.g., burning flesh, candles)

**Somatic** - The false perception of processes and events that are happening inside the body or to the body (e.g., piercing objects, electricity running through one's extremities). Usually supported by an appropriate and relevant delusional content.

**Tactile** - The false sensation of being touched, or crawled upon or that events and processes are taking place under one's skin. Usually supported by an appropriate and relevant delusional content.

**Visual** - The false perception of objects, people, or events in broad daylight or in an illuminated environment with eyes wide open.

**Hypnagogic and Hypnopompic** - Images and trains of events experienced while falling asleep or when waking up. Not hallucinations in the strict sense of the word.

Hallucinations are common in schizophrenia, affective disorders, and mental health disorders with organic origins. Hallucinations are also common in drug and alcohol withdrawal and among substance abusers.

### ***Histrionic Personality Disorder***

HPD; Histrionics - mostly women - resemble narcissists in their attention seeking behaviors and marked discomfort when not at the center of attention. Yet, unlike narcissists, histrionics are empathic, sentimental, and overly emotional. They are sexually seductive and provocative and people often find them embarrassing, annoying, or outright repulsive.

The histrionic glides from one relationship to the next, constantly experiencing shallow emotions and commitments. The Histrionic's speech is impressionistic, disjointed, and generalized. She uses her physical appearance and attire as bait. Histrionics often mistake the depth, durability, and intimacy of their relationships and are devastated by their inevitable premature termination.

Histrionics are the quintessential drama queens. They are theatrical, their emotions exaggerated to the point of a caricature, their gestures sweeping, disproportional, and inappropriate. They are easily suggestible and over-reactive.

**HPD** - Histrionic Personality Disorder

### ***Hwa-byung***

[Culture-bound syndrome](#) in Korea, attributed to suppressed anger (roughly translated as "anger illness"). Symptoms include extreme fatigue coupled with sleep disorder (mainly insomnia), panic, terror of imminent doom or death, dysphoria, anhedonia, indigestion, anorexia, dyspnea, diffuse pains, palpitations, and a feeling of congestion or mass in the epigastrium. See: [panic attack](#)..

### ***Hyperacusis***

Painful hypersensitivity to sounds, noises, and voices.

### ***Hypersomnia***

Pronounced tendency to oversleep at night coupled with a difficulty to remain alert or awake during the day and undesired, abrupt, and uncontrolled diurnal episodes of sleep.

*Hypnagogic and Hypnopompic* - See [Hallucination](#)

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## I

### [Idea of Reference](#)

Weak delusions of reference, devoid of inner conviction and with a stronger reality test. The counterfactual feeling that unrelated events and people are somehow specifically meaningful to the person and intentionally effected. A patient with ideas of reference may feel that he is the topic of malicious gossip, the victim of pranks, or the recipient of messages (for instance, through the media). Ideas of reference are common in some personality disorders. See also: delusion, persecutory delusion.

### [Idealization](#)

Defense mechanism. The attribution of positive, glowing, and superior traits to self and (more commonly) to others.

### *Illusion*

The misperception or misinterpretation of real external - visual or auditory - stimuli, attributing them to non-existent events and actions. Incorrect perception of a material object. See: [Hallucination](#).

### *Incoherence*

A loosening of associations. A pattern of speech in which unrelated or loosely-related ideas are expressed hurriedly and forcefully, using broken, ungrammatical, non-syntactical sentences, an idiosyncratic vocabulary ("private language"), topical shifts, and inane juxtapositions ("word salad"). Incomprehensible speech, rife with severely loose associations, distorted grammar, tortured syntax, and idiosyncratic definitions of the words used by the patient ("private language"). See: [Loosening of Associations](#); [Flight of Ideas](#); Tangentiality.

*Intellectualization* - see: *Rationalization*

### *Insomnia*

Sleep disorder or disturbance involving difficulties to either fall asleep ("initial insomnia") or to remain asleep ("middle insomnia"). Waking up early and being unable to resume sleep is also a form of insomnia ("terminal insomnia").

### *Intersex Condition*

Androgyny. The appearance and manifestation, in one individual, of the characteristics of both sexes, male and female: reproductive organs, physical form, and sexual behavior.

### *Isolation of Affect*

Defense mechanism. Avoiding conflict and anxiety by separating the cognitive content (for instance, a disturbing or depressing idea) from its emotional correlate and, thus, casting away threatening and discomfiting feelings.

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## K

### ***Koro***

[Culture-bound syndrome](#) in south and east Asia (and, more rarely, in the West, especially among immigrant communities). Episodic abrupt and overwhelming anxiety that one's sex organs (penis, vulva, nipples) will recede into one's body and cause death. Recognized as a valid mental health diagnosis by the Chinese (in the Chinese Classification of Mental Disorders - Second Edition - the [CCMD-2](#)). See also: Shuk yang, Shook yong, Suo yang, Jinjinia bemar, Rok-joo.

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## L

### ***Lability***

Abnormal, repetitive, rapid, and sudden fluctuations in both affect and affective expression. Characterizes certain personality disorders, such as the [Borderline](#).

### ***Latah***

Term used in Asia to describe a syndrome of reactions to sudden fright which include echopraxia, echolalia, command obedience, and dissociation in a trance-like state. Mainly found among middle-aged women. Also called amurakh, irkunii, ikota, olan, myriachit, menkeiti (in Siberia), bah tschi, bah-tsi, baah-ji (Thailand), imu (Sakhalin, Japan), mali-mali and silok (Philippines).

### ***Locura***

Term used in Latin America (and among Latino immigrants in the USA) to describe severe and chronic psychosis, usually inherited, and induced by difficulties and crises in the patient's life. The syndrome includes agitation, [incoherence](#), hallucinations (both auditory and visual), unpredictable (typically violent) behavior, and inability to interact socially.

### ***Loosening of Associations***

Thought and speech disorder which involves the translocation of the focus of attention from one subject to another for no apparent reason. The patient is usually unaware of the fact that his train of thoughts and his speech are incongruous and incoherent. A sign of schizophrenia and some psychotic states. See: [Incoherence](#); [Flight of Ideas](#); Tangentiality.

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## M

### ***Macropsia***

Visual misperception of objects as larger than they are. See: [\*Micropsia\*](#).

### ***Magical Thinking***

The mistaken conviction that effects and events in the external world are caused or prevented by one's thoughts, words, or actions - frequently in defiance of the laws of physics and formal logic. It is normal in early childhood but pathological thereafter when it forms part of personality and other mental health disorders.

### ***Micropsia***

Visual misperception of objects as smaller than they are. See: [\*Macropsia\*](#).

### **MMCI-III**

Millon Clinical Multiaxial Inventory. Diagnostic test composed of 157 true-or-false items.

The MCMI-III consists of 24 clinical scales and 3 modifier scales. The modifier scales serve to identify Disclosure (a tendency to hide a pathology or to exaggerate it), Desirability (a bias towards socially desirable responses), and Debasement (endorsing only responses that are highly suggestive of pathology). Next, the Clinical Personality Patterns (scales) which represent mild to moderate pathologies of personality, are: Schizoid, Avoidant, Depressive, Dependent, Histrionic, Narcissistic, Antisocial, Aggressive (Sadistic), Compulsive, Negativistic, and Masochistic. Millon considers only the Schizotypal, Borderline, and Paranoid to be severe personality pathologies and dedicates the next three scales to them.

The last ten scales are dedicated to Axis I and other clinical syndromes: Anxiety Disorder, Somatoform Disorder, Bipolar Manic Disorder, Dysthymic Disorder, Alcohol Dependence, Drug Dependence, Posttraumatic Stress, Thought Disorder, Major Depression, and Delusional Disorder.

Scoring is easy and runs from 0 to 115 per each scale, with 85 and above signifying a pathology. The configuration of the results of all 24 scales provides serious and reliable insights into the tested subject.

### **MMPI-II**

Minnesota Multiphasic Personality Inventory. Diagnostic test composed of 567 true-or-false questions arranged in three validity scales and ten dimensional clinical scales. The latter

measure hypochondriasis, depression, hysteria, psychopathic deviation, masculinity-femininity, paranoia, psychasthenia, schizophrenia, hypomania, and social introversion. There are also scales for alcoholism, post-traumatic stress disorder, and personality disorders.



The interpretation of the MMPI-II is now fully computerized. The computer is fed with the patients' age, sex, educational level, and marital status and does the rest.

### ***Mood***

Pervasive and sustained feelings and emotions as subjectively described by the patient. The same phenomena observed by the clinician are called affect. Mood can be either dysphoric (unpleasant) or euphoric (elevated, expansive, "good mood"). Dysphoric moods are characterized by a reduced sense of well-being, depleted energy, and negative self-regard or sense of self-worth. Euphoric moods typically involve an increased sense of well-being, ample energy, and a stable sense of self-worth and self-esteem. Also see: [Affect](#).

### ***Mood Congruence and Incongruence***

The contents of mood-congruent hallucinations and delusions are consistent and compatible with the patient's mood. During the manic phase of the Bipolar Disorder, for instance, such hallucinations and delusions involve grandiosity, omnipotence, personal identification with great personalities in history or with deities, and magical thinking. In depression, mood-congruent hallucinations and delusions revolve around themes like the patient's self-misperceived faults, shortcomings, failures, worthlessness, guilt - or the patient's impending doom, death, and "well-deserved" sadistic punishment.

The contents of mood-incongruent hallucinations and delusions are inconsistent and incompatible with the patient's mood. Most persecutory delusions and delusions and ideas of reference, as well as phenomena such as control "freakery" and Schneiderian First-rank Symptoms are mood-incongruent. Mood incongruence is especially prevalent in schizophrenia, psychosis, mania, and depression.

### ***Multidimensional Anger Inventory (MAI)***

Diagnostic test invented in 1986. Assesses the frequency of angry responses, their duration, magnitude, mode of expression, hostile outlook, and anger-provoking triggers.

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## **N**

### **[Narcissism](#)**

Pathological narcissism is a pattern of traits and behaviors which signify infatuation and obsession with one's self to the exclusion of all others and the egotistic and ruthless pursuit of one's gratification, dominance and ambition. Most narcissists (50-75%, according to the DSM IV-TR) are men. See: Narcissistic Personality Disorder (NPD).

### **[Narcissistic Personality Disorder](#)**

NPD; one of a "family" of personality disorders ("Cluster B"), which includes the Borderline PD, Antisocial PD and Histrionic Personality Disorders. It is often diagnosed with other mental health disorders ("co-morbidity") - or with substance abuse and impulsive and reckless behaviors ("dual diagnosis").

It is estimated that 0.7-1% of the general population suffer from NPD. The onset of narcissism is in infancy, childhood and early adolescence. It is commonly attributed to childhood abuse and trauma inflicted by parents, authority figures, or even peers.

NPD is treated in talk therapy (psychodynamic or cognitive-behavioral). The prognosis for an adult narcissist is poor, though adaptation to life and to others can improve with treatment. Medication is applied to side-effects and behaviors (such as mood or affect disorders and obsession-compulsion) - usually with some success.

The Diagnostic and Statistical Manual of Mental Disorders, fourth edition, Text Revision (DSM-IV-TR), 2000 (The American Psychiatric Association, Washington D.C.) defines NPD as "an all-pervasive pattern of grandiosity (in fantasy or behavior), need for admiration or adulation and lack of empathy, usually beginning by early adulthood and present in various contexts."

The Narcissist feels grandiose and self-important (e.g., exaggerates accomplishments, talents, skills, contacts, and personality traits to the point of lying, demand to be recognized as superior without commensurate achievements). Is obsessed with fantasies of unlimited success, fame, fearsome power or omnipotence, unequalled brilliance (the cerebral narcissist), bodily beauty or sexual performance (the somatic narcissist), or ideal, everlasting, all-conquering love or passion. He is firmly convinced that he or she is unique and, being special, can only be understood by, should only be treated by, or associate with, other special or unique, or high-status people (or institutions).

The narcissist requires excessive admiration, adulation, attention and affirmation - or, failing that, wishes to be feared and to be notorious (Narcissistic Supply). He feels entitled. Demands automatic and full compliance with his or her unreasonable expectations for special and favorable priority treatment.

The narcissist is "interpersonally exploitative", i.e., uses others to achieve his or her own ends. He is devoid of empathy. Is unable or unwilling to identify with, acknowledge, or accept the feelings, needs, preferences, priorities, and choices of others. He is constantly envious of others and seeks to hurt or destroy the objects of his or her frustration. Suffers from persecutory (paranoid) delusions as he or she believes that they feel the same about him or her and are likely to act similarly.

The narcissist behaves arrogantly and haughtily. Feels superior, omnipotent, omniscient, invincible, immune, "above the law", and omnipresent (magical thinking). Rages when frustrated, contradicted, or confronted by people he or she considers inferior to him or her and unworthy.

### ***Negativism***

In catatonia, complete opposition and resistance to suggestion.

### ***Neologism***

In schizophrenia and other psychotic disorders, the invention of new "words" which are meaningful to the patient but meaningless to everyone else. To form the neologisms, the patient fuses together and combines syllables or other elements from existing words.

**NOS** - (abbr.) Not Otherwise Specified

**NPD** - (abbr.) [\*Narcissistic Personality Disorder\*](#)

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## O

### ***Obsession***

Recurring and intrusive images, thoughts, ideas, or wishes that dominate and exclude other cognitions. The patient often finds the contents of his obsessions unacceptable or even repulsive and actively resists them, but to no avail. Common in schizophrenia and obsessive-compulsive disorder.

### ***Obsessive-Compulsive Personality Disorder***

OCPD; The Obsessive-compulsive are concerned with control, both mental (self) and interpersonal (others) and with its symbolic representations. They are perfectionists and rigidly orderly or organized. According to the DSM, such people lack flexibility, openness and efficiency.

Obsessive-Compulsives are preoccupied with lists, rules, rituals, organization, perfection, and details. As a result, they are indecisive and unable to prioritize. They are constantly worried that something is or may go wrong and value their rigid schedules and checklists more than the activities they relate to or the goals they are supposed to help to achieve.

OCPDs are workaholics. They sacrifice family life, leisure, and friendships on the altar of productivity and output. Yet, they are not very efficient or productive.

Some OCPDs are self-righteous or even bigots. Their excessive conscientiousness and scrupulous, unempathic and inflexible tyrannical conduct precludes having meaningful, compromise-based, long-term relationships. They regard their impossibly high work ethic and moral standards as universal and binding. They are unable to delegate tasks to others, unless they can micromanage the situation to fit their unrealistic expectations. Consequently, they trust no one, are stubborn, and difficult to deal with.

Some OCPDs are so terrified of change that they rarely discard acquired but now useless objects, change the outlay of furniture at home, relocate, deviate from the familiar route to work, tweak an itinerary, or embark on anything spontaneous. They also find it difficult to spend money even on essentials. This tallies with their view of the world as hostile, unpredictable, and "bad".

**OCD** - Obsessive-Compulsive Disorder

**OCPD** - Obsessive-Compulsive Personality Disorder

### ***Omnipotence***

Feeling or acting as though one possesses special or magical powers or faculties, far superior to his peers. As part of the defense mechanism of (pathological) narcissism, it serves to ameliorate or sublimate emotional conflict and cope with internal or external stressors. Often co-occurs with omniscience, magical thinking, ideas of reference, and persecutory (paranoid) delusions.

### ***Overvalued Idea or Person***

An unreasonable and sustained belief in the value or veracity of an idea (overvalued idea) or a person (idealization) that is not supported by other observers or by the believer's culture or society. As opposed to a delusion, overvalued ideas are sometimes reversed in the face of evidence to the contrary.

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## **P**

### ***Panic Attack***

A form of severe anxiety attack accompanied by a sense of losing control and of an impending and imminent life-threatening danger (where there is none). Physiological markers of panic attacks include palpitation, sweating, tachycardia (rapid heart beats), dyspnea or apnea (chest tightening and difficulties breathing), hyperventilation, light-headedness or dizziness, nausea, and peripheral paresthesias (an abnormal sensation of burning, prickling, tingling, or tickling). In normal people it is a reaction to sustained and extreme stress. Common in many mental health disorders.

Sudden, overpowering feelings of imminent threat and apprehension, bordering on fear and terror. There usually is no external cause for alarm (the attacks are uncued or unexpected, with no situational trigger) - though some panic attacks are situationally-bound (reactive) and follow exposure to "cues" (potentially or actually dangerous events or circumstances). Most patients display a mixture of both types of attacks (they are situationally predisposed).

Bodily manifestations include shortness of breath, sweating, pounding heart and increased pulse as well as palpitations, chest pain, overall discomfort, and choking. Sufferers often describe their experience as being smothered or suffocated. They are afraid that they may be going crazy or about to lose control.

### ***Paranoia***

Psychotic grandiose and persecutory delusions. Paranoids are characterized by a paranoid style: they are rigid, sullen, suspicious, hypervigilant, hypersensitive, envious, guarded, resentful, humorless, and litigious. Paranoids often suffer from paranoid ideation - they believe (though not firmly) that they are being stalked or followed, plotted against, or maliciously slandered. They constantly gather information to prove their "case" that they are the objects of conspiracies against them. Paranoia is not the same as Paranoid Schizophrenia, which is a subtype of schizophrenia.

### ***Paranoid Ideation***

Ideas (usually, not entirely delusional) that involve suspicions or beliefs that one is being singled out for persecution, harassment, unfair treatment, or elimination. When more severe, known as persecutory delusions (see Paranoid Personality Disorder).

### **Paranoid Personality Disorder**

The paranoid firmly believes that the world is malevolent, hostile, ominous, and unpredictable. He distrusts others and suspects them of harboring ulterior motives and sadistic or self-interested wickedness. People are out to exploit, harm, get, or deceive him or her - even without good or sufficient cause. Such convictions usually extend to the paranoid's family members, friends, coworkers, and neighbors. The paranoid doubts their loyalty. But many paranoids are also besieged by persecutory delusions which place the paranoid at the center of conspiracies and collusions involving various organizations and institutions.

They cower at home, planning their defenses, plotting and counter-plotting, weary of any attempt to communicate with him. To them, any information, even the most trivial, is a potential future weapon. Moreover, even the most benign gestures, comments, or events assume threatening proportions, nefarious meanings, malicious intent, and occult and debasing outcomes (see: Ideas of Reference). Paranoids are hypersensitive and unforgiving. Every remark is automatically and immediately interpreted as an insult, injury, attack, or slight directed at the paranoid, his personality, or reputation - and provokes aggression. Inevitably, paranoids are socially isolated and appear to be eccentric.

### ***Parasomnia***

Abnormality of conduct or unusual physiological reactions during sleep or in the transitions between sleep and waking (for instance, hypnagogia, hypnopompia, sleep paralysis, and night terrors).

### ***Parorexia***

Eating disorder. Having an unnatural appetite or lack thereof (e.g., in anorexia).

### ***Passive Aggression***

The expression of indirect and unassertive [aggression](#) towards others as a way to relieve stressors (both internal and external) or to cope with emotional conflicts. Overt compliance or even obsequiousness masks covert hostility, resentment, resistance, and sabotage. Often occurs when the individual's hidden wishes are not gratified or when independent action or performance is demanded without the granting or acquisition of commensurate autonomy, authority, skills, or powers.

### ***Perseveration***

Repeating the same gesture, behavior, concept, idea, phrase, or word in speech. Common in schizophrenia, organic mental disorders, and psychotic disorders.

### **Personality Disorders**

Deeply ingrained, stable, maladaptive, all-pervasive, lifelong behavior patterns manifested from early adolescence and affecting all the dimensions of the patient's life: career, interpersonal relationships, and social functioning.

Patients with personality disorders - except those suffering from the Schizoid or the Avoidant Personality Disorders - expect preferential and privileged treatment, present with numerous symptoms, frequently second guess the diagnosis and disobey the physician. Such patients feel unique, are self-preoccupied, and suffer from grandiosity and a diminished capacity for empathy. They are socially maladaptive, emotionally labile, manipulative and exploitative, trust no one and find it difficult to love or share.

Personality disorders are often comorbid with other personality disorders, with Axis I disorders, with mood and affective disorders and with anxiety disorders and are characterized by a host of defenses - splitting, projection, projective identification, denial, intellectualization. The

patient does not, on the whole, find his personality traits or behavior objectionable, unacceptable, disagreeable, or alien to his self (he or she is ego-syntonic, not ego-dystonic). Substance abuse and reckless behaviors are also common ("dual diagnosis").

The patient tends to blame others or "the world" for misfortunes and failures. Thus, under stress, he or she tries to preempt (real or imaginary) threats by influencing the environment to conform to his or her needs.

Personality disorders are not psychoses and do not involve hallucinations, delusions or thought disorders (though psychotic "microepisodes", mostly during treatment, occur in the Borderline and Narcissistic Personality Disorders). The patients are fully oriented, with clear senses (sensorium), good memory and a general fund of knowledge.

### ***Phobia***

A persistent, unfounded, and irrational fear or dread of one or more classes of objects, activities, situations, or locations (the phobic stimuli) and the resulting overwhelming and compulsive desire to avoid them.

Dread of a particular object or situation, acknowledged by the patient to be irrational or excessive. Leads to all-pervasive avoidance behavior (attempts to avoid the feared object or situation). See: ***Anxiety***.

### ***Posturing***

Assuming and remaining in abnormal and contorted bodily positions for prolonged periods of time. Typical of catatonic states.

### ***Poverty of Content (of Speech)***

Persistently vague, overly abstract or concrete, repetitive, or stereotyped speech.

### ***Poverty of Speech***

Reactive, non-spontaneous, extremely brief, intermittent, and halting speech. Such patients often remain silent for days on end unless and until spoken to.

**PPD** - Paranoid Personality Disorder

### ***Pressure of Speech***

Rapid, condensed, unstoppable and "driven" speech. The patient dominates the conversation, speaks loudly and emphatically, ignores attempted interruptions, and doesn't care if anyone is listening or responding to him or her. Seen in manic states, psychotic or organic mental disorders, and conditions associated with stress. See: [\*Flight of Ideas\*](#).

### ***Prodrome***

Early symptom or sign of a disorder (mainly a mental health disorder).

### ***Projection***

A defense mechanism to cope with internal or external stressors and emotional conflict by attributing to another person - usually falsely - thoughts, feelings, wishes, impulses, needs, and hopes deemed forbidden or unacceptable by the projecting party.

### ***Projective Identification***

A defense mechanism to cope with internal or external stressors and emotional conflict by casting thoughts, feelings, wishes, impulses, needs, and hopes deemed forbidden or unacceptable by the projecting party - as justifiable and predictable reactions to another person's actions or words ("triggers"). The projecting party sometimes induces in that other person the triggering behavior so as to justify his or her reactions.

### ***Psychomotor Agitation***

Mounting internal tension associated with excessive, nonproductive (not goal orientated), and repeated motor activity (hand wringing, fidgeting, and similar gestures). Hyperactivity and motor restlessness which co-occur with anxiety and irritability.

### ***Psychomotor Retardation***

Visible slowing of speech or movements or both. Usually affects the entire range of performance (entire repertory). Typically involves poverty of speech, delayed response time (subjects answer questions after an inordinately long silence), monotonous and flat voice tone, and constant feelings of overwhelming fatigue.

**Psychopath** - See [\*Antisocial Personality Disorder\*](#)

### ***Psychosis***

Chaotic thinking that is the result of a severely impaired reality test ( the patient cannot tell inner fantasy from outside reality). Some psychotic states are short-lived and transient (microepisodes). These last from a few hours to a few days and are sometimes reactions to

stress. Persistent psychoses are a fixture of the patient's mental life and manifest for months or years.

Psychotics are fully aware of events and people "out there". They cannot, however separate data and experiences originating in the outside world from information generated by internal mental processes. They confuse the external universe with their inner emotions, cognitions, preconceptions, fears, expectations, and representations.

Consequently, psychotics have a distorted view of reality and are not rational. No amount of objective evidence can cause them to doubt or reject their hypotheses and convictions. Full-fledged psychosis involves complex and ever more bizarre delusions and the unwillingness to confront and consider contrary data and information (preoccupation with the subjective rather than the objective). Thought becomes utterly disorganized and fantastic.

There is a thin line separating nonpsychotic from psychotic perception and ideation. On this spectrum we also find the schizotypal personality disorder.

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## Q

### ***Qi-gong Psychotic Reaction***

Acute, transient psychotic episode or microepisode, also involving dissociative, paranoid, and nonpsychotic symptoms. Often occurs after participation in the Chinese practice of qi-gong ("exercise of vital energy"). Included as an official diagnosis in the second edition of the Chinese Classification of Mental Disorders (CCMD-2).

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## R

### ***Rationalization***

The elaboration of incorrect but reassuring, coherent, self-serving and "rational" explanations (narratives) to conceal the true motivations for one's thoughts, actions, or emotions. Used to avoid emotional conflict or to cope with stressors (both external and internal).

### ***Reaction Formation***

The repression of one's unacceptable behavior, thoughts, or feelings and their replacement with diametrically opposed behavior, thoughts, or feelings as a way to manage emotional conflict and cope with stressors (both external and internal).

### ***Reality Sense***

The way one thinks about, perceives, and feels reality.

### ***Reality Testing***



Comparing one's reality sense and one's hypotheses about the way things are and how things operate to objective, external cues from the environment.

### ***Relationship Styles Questionnaire (RSQ)***

Diagnostic test invented in 1994. Contains 30 self-reported items and identifies distinct attachment styles (secure, fearful, preoccupied, and dismissing).

### ***Repression***

The exclusion from conscious awareness of disturbing memories, thoughts, ideas, and wishes in order to manage emotional conflict and cope with stressors (both external and internal). The emotions associated with the excluded content usually remain conscious.

### ***Residual (Phase)***

The final phase of an illness. Occurs after remission of the main symptoms or the full syndrome.

### ***Rorschach Test***

Diagnostic test comprised of 10 ambiguous inkblots printed on 18X24 cm. cards, in both black and white and color. The cards and the diagnostician's questions provoke free associations in the test subject. These are recorded verbatim together with the inkblot's spatial position and orientation. The patient can then add details and comment on his choices.

Scoring is based on the parts of the cards referred to in the subject's responses (location), the correspondence between the blot and the answers provided (determinant), the content of the responses, how unique or common they are (popularity), how coherent are the patient's narratives (organizational activity), and how well does the patient's percept fit the card (form quality).

The interpretation of the test relies on both the scores obtained and on what we know about mental health disorders. The test teaches the skilled diagnostician how the subject processes information and what is the structure and content of his internal world. These provide meaningful insights into the patient's defenses, reality test, intelligence, fantasy life, and psychosexual make-up.

---

## **S**

### ***Schneiderian First-rank Symptoms***

A list of symptoms compiled by Kurt Schneider, a German psychiatrist, in 1957 and indicative of the presence of schizophrenia. Includes:

#### **Auditory hallucinations**

Hearing conversations between a few imaginary "interlocutors", or one's thoughts spoken out loud, or a running background commentary on one's actions and thoughts.

### **Somatic hallucinations**

Experiencing imagined sexual acts couple with delusions attributed to forces, "energy", or hypnotic suggestion.

### **Thought withdrawal**

The delusion that one's thoughts are taken over and controlled by others and then "drained" from one's brain.

### **Thought insertion**

The delusion that thoughts are being implanted or inserted into one's mind involuntarily.

### **Thought broadcasting**

The delusion that everyone can read one's mind, as though one's thoughts were being broadcast.

### **Delusional perception**

Attaching unusual meanings and significance to genuine perceptions, usually with some kind of (paranoid or narcissistic) self-reference.

### **Delusion of control**

The delusion that one's acts, thoughts, feelings, perceptions, and impulses are directed or influenced by other people.

### **SCID-II**

The Structured Clinical Interview (SCID-II) was formulated in 1997 by First, Gibbon, Spitzer, Williams, and Benjamin. It is based on the language of criteria for personality disorders in the the DSM-IV. Its 12 groups of questions correspond to the 12 personality disorders. The scoring is simple: either the trait is absent, subthreshold, true, or there is "inadequate information to code".

The SCID-II can be administered to third parties (a spouse, an informant, a colleague) or self-administered (in a reduced format with 119 questions).

### **Schizoid Personality Disorder**

Schizoids are often act as automata ("robots"). They appear cold and stunted, flat, and "zombie"-like.

Schizoids are uninterested in social relationships or interactions and have a very limited emotional repertoire. Their affect - the expression of whatever emotions they do possess - is poor and intermittent.

Schizoids are loners. They confide only in first-degree relatives - but maintain no close bonds or associations, not even with their immediate family. They gravitate into solitary activities. Their sexual experiences are sporadic and limited and, finally, they cease altogether.

Schizoids are anhedonic - find nothing pleasurable and attractive - but not necessarily dysphoric (sad or depressed). They pretend to be indifferent to praise, criticism, disagreement, and corrective advice (though, deep inside, they are not). They are creatures of habit, frequently succumbing to rigid, predictable, and narrowly restricted routines.

### [Sex](#)

The set of genetic and physiological traits that define a person as male, female, or uncertain ([androgynous](#)). Usually consist of external genitalia, internal and external sex organs, secondary sex signs (such as quantity and distribution of body hair and size and shape of breasts), and karyotype.

**Shared Psychosis** - See [Folie a Deux](#)

### ***Shenjing shuairuo***

(Literally, "neurasthenia" in Chinese). A form of mood or anxiety disorder that manifests as overpowering physical and mental fatigue coupled with dizziness, headaches or migraine, diffuse pain, difficulty to concentrate and perform tasks, sleep disorders, and memory loss. Usually co-morbid with gastrointestinal dysfunction, irritability, excitability, lability, and disturbances of the autonomic nervous system. Included as an official diagnosis in the second edition of the Chinese Classification of Mental Disorders (CCMD-2).

### ***Shin-byung***

[Culture-bound syndrome](#) in Korea. The illness progresses from general unease, anxiety, somatic complaints (weakness, dizziness, fear, parorexia, insomnia, and gastrointestinal problems) to dissociation (expressed as possession by ancestral spirits).

### [SIDP-IV](#)

The Structured Interview for Disorders of Personality (SIDP-IV) was composed by Pfohl, Blum and Zimmerman in 1997. It also covers the self-defeating personality disorder from the DSM-III. It is conversational and the questions are grouped into 10 topics such as Emotions or Interests and Activities. There is a version of the SIDP-IV in which the questions are grouped by personality disorder. The scoring classifies items as present, subthreshold, present, or strongly present.

**Sociopath** - See [Antisocial Personality Disorder](#)

### ***Splitting***

"Primitive" defense mechanism, which begins to operate in very early infancy. It involves the inability to integrate contradictory qualities of the same object into a coherent picture. This leads to cycles of idealization and devaluation of the unintegrated object.

### ***Stereotyped Movement (or Motion)***

Repetitive, urgent, compulsive, purposeless, and non-functional movements, such as head banging, waving, rocking, biting, or picking at one's nose or skin. Common in catatonia, amphetamine poisoning, and schizophrenia.

### ***Stressor***

Event or change in life which precipitates or coincides with the onset or exacerbation of a mental health problem or a dysfunctional behavior.

### ***Stupor***

Restricted and constricted consciousness akin in some respects to coma. Activity, both mental and physical, is limited. Some patients in stupor are unresponsive and seem to be unaware of the environment. Others sit motionless and frozen but are clearly cognizant of their surroundings. Often the result of an organic impairment. Common in catatonia, schizophrenia, and extreme depressive states.

### ***Sublimation***

The conversion and channeling of unacceptable emotions into socially-condoned behavior.

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## **T**

### ***Tangentiality***

Inability or unwillingness to focus on an idea, issue, question, or theme of conversation. The patient "takes off on a tangent" and hops from one topic to another in accordance with his own coherent inner agenda, frequently changing subjects, and ignoring any attempts to restore "discipline" to the communication. Often co-occurs with speech derailment. As distinct from loosening of associations, tangential thinking and speech are coherent and logical but they seek to evade the issue, problem, question, or theme raised by the other interlocutor.

### ***Thematic Appreciation Test (TAT)***

Diagnostic test comprised of 31 cards. One card is blank and the other thirty include blurred but emotionally powerful (or even disturbing) photographs and drawings. Subjects are asked to tell a story based on the content of the cards. The TAT was developed in 1935 by Morgan and Murray.

The patient's reactions (in the form of brief narratives) are recorded by the tester verbatim. Some examiners prompt the patient to describe the aftermath or outcomes of the stories, but this is a controversial practice.

The TAT is scored and interpreted simultaneously. Murray suggested to identify the hero of each narrative (the figure representing the patient); the inner states and needs of the patient,

derived from his or her choices of activities or gratifications; what Murray calls the "press", the hero's environment which imposes constraints on the hero's needs and operations; and the thema, or the motivations developed by the hero in response to all of the above.

***Thought Broadcasting, Thought Insertion, Thought Withdrawal***

See: [Schneiderian First-rank Symptoms](#)

***Thought Disorder***

A consistent disturbance that affects the process or content of thinking, the use of language, and, consequently, the ability to communicate effectively. An all-pervasive failure to observe semantic, logical, or even syntactical rules and forms. A fundamental feature of schizophrenia.

***[Transsexualism](#)***

[Gender dysphoria](#) which involves an overwhelming desire to assume the physiological characteristics and social roles of the opposite sex.

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**U**

***Undoing***

Trying to rid oneself of gnawing feelings of guilt by compensating the injured party either symbolically or actually.

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**V**

***Vegetative Signs***

A set of signs in depression which includes loss of appetite, sleep disorder, loss of sexual drive, loss of weight, and constipation. May also indicate an eating disorder.

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**W**

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